Dear Colleague

**RE: Survey of current practice for attenuation of the hypertensive response to intubation in patients with severe pre-eclampsia and significant hypertension.**

In response to the CEMACH report “Saving Mother’s Lives (2002-2005)” we are conducting a survey into current UK practice amongst obstetric anaesthetists. The CEMACH report suggests that failure to control the hypertensive response to intubation may result in considerable morbidity and mortality, and that obstetric anaesthetists should anticipate and take time to prevent such a response.

Using the attached survey we are investigating the pharmacological methods used to attenuate the hypertensive response to intubation in patients with severe pre-eclampsia. In addition we are surveying the use and timing of invasive blood pressure monitoring in this patient group.

Previous research has investigated the use of lignocaine, alfentanil and magnesium sulphate to prevent a hypertensive response. We aim to discover if any other agents are in routine use and which one is most commonly utilised.

We would be grateful if you would complete the attached survey based on your routine practice. Please use the reverse of the survey to make any comments relevant to the topic.

Yours faithfully,

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Survey of current practice for attenuation of the hypertensive response to intubation in patients with severe pre-eclampsia and significant hypertension

Please answer questions based on your usual practice

1. How many deliveries are there per annum in your obstetric department?
   - ≤ 2000
   - 2001 - 4000
   - ≥ 4001

2. a) Does your department have a standard policy for use of pharmacological agents to attenuate the hypertensive response to intubation in patients with severe pre-eclampsia?
   - Yes
   - No

   b) If YES what drug(s) are recommended and at what dose? (if more than one please indicate order of preference)
   - Lignocaine  Dose:
   - Magnesium  Dose:
   - Alfentanil  Dose:
   - Other agent(s)  Agent: Dose:

   c) If NO what is your preference for use in this situation? (if more than one please indicate order of preference)
   - Lignocaine  Dose:
   - Magnesium  Dose:
   - Alfentanil  Dose:
   - Other agent(s)  Agent: Dose:

In patients with severe pre-eclampsia and significant hypertension¹:

3. a) Is invasive blood pressure monitoring ROUTINELY used for caesarean section?
   - Yes
   - No

   b) If used ROUTINELY, when is invasive blood pressure monitoring established?
   - Pre-induction
   - Post-induction

   c) If used PREOPERATIVELY ONLY, does the lack of HDU facilities and appropriately trained staff influence your decision to discontinue invasive blood pressure monitoring post-operatively?
   - Yes
   - No

   d) If not used ROUTINELY are there specific reasons preventing use?
   - Lack of appropriately trained midwifery staff
   - Lack of appropriately trained anaesthetic staff (ODP)
   - Lack of necessary equipment
   - No suitable level 2 facilities for post-op care
   - Not considered necessary
   - Other reasons (please give):

4. a) Do you consider the use of anti-hypertensive agents for extubation?
   - Yes
   - No

   b) If YES which agent would you choose to use and at what dose?

¹ Requiring intravenous infusion of anti-hypertensive(s)